

County: Sawyer  
HAYWARD NURSING HOME  
11040 NORTH STATE ROAD 77  
HAYWARD 54843 Phone: (715) 634-8911

Facility ID: 4050

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Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? Yes  
Number of Beds Set Up and Staffed (12/31/01): 76  
Total Licensed Bed Capacity (12/31/01): 76  
Number of Residents on 12/31/01: 70

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 70

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years	40.0		
Supp. Home Care-Personal Care	No					More Than 4 Years	35.7		
Supp. Home Care-Household Services	No	Developmental Disabilities	1.4	Under 65	5.7		24.3		
Day Services	No	Mental Illness (Org./Psy)	20.0	65 - 74	7.1		-----		
Respite Care	No	Mental Illness (Other)	1.4	75 - 84	30.0		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	1.4	85 - 94	45.7	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & Over	11.4	Full-Time Equivalent			
Congregate Meals	No	Cancer	2.9		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	10.0		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	14.3	65 & Over	94.3	-----			
Transportation	No	Cerebrovascular	1.4		-----	RNs	11.6		
Referral Service	Yes	Diabetes	4.3	Sex	%	LPNs	4.0		
Other Services	No	Respiratory	7.1		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	34.3	Male	30.0	Aides, & Orderlies			
Mentally Ill	No		-----	Female	70.0				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

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#### Method of Reimbursement

		Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	271	55	94.8	96	0	0.0	0	9	100.0	116	0	0.0	0	0	0.0	0	67	95.7
Intermediate	---	---	---	3	5.2	80	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		58	100.0		0	0.0		9	100.0		0	0.0		0	0.0		70	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	8.3	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	2.9	74.3	22.9	70
Other Nursing Homes	6.9	Dressing	10.0	75.7	14.3	70
Acute Care Hospitals	63.9	Transferring	27.1	60.0	12.9	70
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	17.1	62.9	20.0	70
Rehabilitation Hospitals	9.7	Eating	57.1	35.7	7.1	70
Other Locations	11.1	*****				
Total Number of Admissions	72	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	4.3		Receiving Respiratory Care	12.9
Private Home/No Home Health	6.8	Occ/Freq. Incontinent of Bladder	51.4		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	31.5	Occ/Freq. Incontinent of Bowel	31.4		Receiving Suctioning	2.9
Other Nursing Homes	8.2				Receiving Ostomy Care	5.7
Acute Care Hospitals	11.0	Mobility			Receiving Tube Feeding	5.7
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.4		Receiving Mechanically Altered Diets	31.4
Rehabilitation Hospitals	2.7					
Other Locations	1.4	Skin Care			Other Resident Characteristics	
Deaths	38.4	With Pressure Sores	7.1		Have Advance Directives	98.6
Total Number of Discharges		With Rashes	4.3		Medications	
(Including Deaths)	73				Receiving Psychoactive Drugs	52.9

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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

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	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.1	88.1	1.05	84.6	1.09
Current Residents from In-County	95.7	83.9	1.14	77.0	1.24
Admissions from In-County, Still Residing	36.1	14.8	2.44	20.8	1.74
Admissions/Average Daily Census	102.9	202.6	0.51	128.9	0.80
Discharges/Average Daily Census	104.3	203.2	0.51	130.0	0.80
Discharges To Private Residence/Average Daily Census	40.0	106.2	0.38	52.8	0.76
Residents Receiving Skilled Care	95.7	92.9	1.03	85.3	1.12
Residents Aged 65 and Older	94.3	91.2	1.03	87.5	1.08
Title 19 (Medicaid) Funded Residents	82.9	66.3	1.25	68.7	1.21
Private Pay Funded Residents	12.9	22.9	0.56	22.0	0.58
Developmentally Disabled Residents	1.4	1.6	0.91	7.6	0.19
Mentally Ill Residents	21.4	31.3	0.68	33.8	0.63
General Medical Service Residents	34.3	20.4	1.68	19.4	1.77
Impaired ADL (Mean)*	46.6	49.9	0.93	49.3	0.95
Psychological Problems	52.9	53.6	0.99	51.9	1.02
Nursing Care Required (Mean)*	8.8	7.9	1.10	7.3	1.19